

CITY OF BOSTON
ANIMAL CONTROL – ROOM 811
BOSTON CITY HALL, BOSTON, MA 02201 617-635-5348

Please **READ** and **FOLLOW** these instructions in order to avoid inconvenience and considerable additional costs to you at a later date.

1. BY STATE LAW, ALL OWNER/KEEPERS OF DOG(S) MUST LICENSE THEIR DOG(S) BEGINNING APRIL 1ST OF EACH YEAR, IT MAKES NO DIFFERENCE IF THE DOG NEVER LEAVES YOUR PROPERTY, YOU MUST LICENSE YOUR DOG(S) (M.G.L., Chap. 140, Sect. 137)
2. ANY PERSON WHO BECOMES THE OWNER/KEEPER OF A DOG SIX MONTHS OLD OR OLDER DURING ANY LICENSE PERIOD SHALL CAUSE IT TO BE LICENSED. LICENSES CANNOT BE ISSUED TO A PERSON(S) UNDER 18 YEARS OF AGE. (M.G.L., Chap. 140, Sect. 137) PENALTIES FOR FAILURE TO LICENSE YOUR DOG IS \$25.00
3. YOU MUST PROVIDE A CURRENT RABIES VACCINATION CERTIFICATE. IF YOUR DOG(S) IS SPAYED OR NEUTERED A COPY OF THIS CERTIFICATE MUST ALSO BE PROVIDED.
4. **FEES FOR DOG LICENSE. SELECT ONE THAT DESCRIBES YOUR DOG:**
INTACT MALE OR INTACT FEMALE \$17.00
NEUTERED MALE OR SPAYED FEMALE \$ 6.00
PITBULL LICENSE \$50.00. THIS IS NOT A PITBULL APPLICATION, CALL 617-635-5348 FOR A PITBULL APPLICATION
5. **IF THE LICENSE IS LOST DURING THE CURRENT LICENSE YEAR, A SUBSTITUTE LICENSE WILL BE ISSUED AT A COST OF \$2.00**
6. ON JUNE 1ST, USING A COMPUTERIZED LIST, THE DOG OFFICERS WILL BEGIN A DOOR TO DOOR SURVEY. AN OWNER/KEEPER OF AN UNLICENSED DOG WILL BE FINED \$25.00, PLUS \$15.00 FOR EVERY DAY THE DOG IS NOT LICENSED.
7. IN ORDER TO AID THE ANIMAL CONTROL DEPARTMENT AND IDENTIFY YOUR DOG(S) SHOULD IT BECOME LOST, YOU MUST CLEARLY LIST THE BREED OF DOG YOU OWN. (i.e. SHEPHARD/COLLIE/X OR CHIHUAHUA/BEAGLE/X OR PITBULL/LAB/X)
8. MAKE YOUR CHECK/MONEY ORDER PAYABLE TO ANIMAL CONTROL, CITY OF BOSTON. (NO CASH)
9. **YOU MUST INCLUDE A STAMPED SELF-ADDRESSED #10 ENVELOPE FOR THE RETURN OF YOUR DOCUMENTS**

APPLICATION FOR DOG LICENSE

DO NOT WRITE IN HERE – ANIMAL CONTROL DATA ONLY

DATE LICENSE ISSUED

NEW LICENSE NO.

CHECK #

PLEASE PROVIDE THE FOLLOWING INFORMATION

PLEASE PRINT

Rabies Vaccination issued on _____
(proof must be shown/submitted)

Rabies expires on _____

OWNER NAME _____

ADDRESS _____
(street number) (street name) (apt #) (section of city) (zip code)

Home Phone Number (____) _____ **Work Phone Number** (____) _____

NAME OF DOG _____ **Age: Years** _____ **Months** _____

BREED OF DOG _____

COLOR/MARKING _____

CIRCLE THE ONE THAT DESCRIBES YOUR DOG

MALE

FEMALE

NEUTERED MALE

SPAYED FEMALE

DOG OWNER/KEEPERS SIGNATURE _____ **DATE** _____

Disposition of Dog

This is to certify that the following description of a dog, formerly owned by me, has in fact:

DIED _____ **NEW OWNER** _____ **OTHER** _____

BREED OF DOG _____ **Last Dog License #** _____

Name and Address of the new Owner if it is a City of Boston resident

Name _____

Address _____ **Town & Zip** _____